

TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

Page 1 of 1

STD. 262 (REV. 10/92)

CLAIMANT'S NAME Billie Greer		SSAN OR EMPLOYEE NUMBER [REDACTED]		DEPARTMENT Governor's Los Angeles Office	
POSITION Director		CB/ID NUMBER [REDACTED]		INDEX NUMBER [REDACTED]	
RESIDENCE ADDRESS [REDACTED]		HEADQUARTERS ADDRESS 300 South Spring Street, Suite 16701		TELEPHONE NUMBER [REDACTED]	
		CITY Los Angeles		STATE CA	
				90013	

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
				BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
02-Apr	10:00 AM	Orange									80 35.60		35.60
07-Apr	10:00 AM	Beverly Hills									22 9.79		9.79
09-Apr	12:00 PM	Los Angeles								18.00	2 0.89		18.89
09-Apr	6:00 PM	Los Angeles									31 13.80		13.80
07-Apr	6:00 PM	Los Angeles								7.00	2 0.89		7.89
14-Apr	6:00 PM	Los Angeles									8 3.56		3.56
17-Apr	12:00 PM	Los Angeles								23.00	36 16.02		39.02
18-Apr	8:00 AM	Long Beach									48 21.36		21.36
22-Apr	9:00 AM	Los Angeles									6 2.67		2.67
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	48.00	235 104.58	0.00	152.58
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL

\$152.58

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

4/2: Anatolian (Turkey) Fair-remarks:trade 4/17: Calif. Council of Excellence-Remarks:
 4/7: Brd. Of Rabbis Solar Event-remarks:enviro leadership
 4/9: Central City Assn.-took letter:business 4/18: Staffed GAS-Ed. Recovery Dollars
 4/9: Staffed GAS-Urban League Event 4/22: Staffed GAS-Earth Day:enviro
 4/7: Snoble/MTA Retirement-remarks:transp.
 4/14: Jewish/African American Seder:Attended

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240528

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

DATE

5-11-09

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

5/19/09

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE

6-1-09